

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| lication | or | Docket | Number |
|----------|----|--------|--------|
|          |    |        |        |

| 10/00963/   |
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|  |                    |  |                                  |                        |                                 |                                      |            | 10/00/(//5)/                         |                        |                  |                                 |                        |  |
|--|--------------------|--|----------------------------------|------------------------|---------------------------------|--------------------------------------|------------|--------------------------------------|------------------------|------------------|---------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                    |  |                                  |                        | _                               | MALL EN                              | ITITY      | OR                                   | OTHER<br>SMALL I       |                  |                                 |                        |  |
| TOTAL CLAIMS   |                    |  |                                  |                        |                                 |                                      | Γ          | RATE                                 | FEE                    | [                | RATE                            | FEE                    |  |
| FOR  |                    |  | NUMBER FILED                     |                        | NUMB                            | NUMBER EXTRA                         |            | BASIC FEE                            | 520                    | OR               | BASIC FEE                       | NOAC                   |  |
| TOTAL CHARGEABLE CLAIMS  |                    |  | 33 minus 20= * 13                |                        | 3                               |                                      | X\$ 9=     | 117                                  | OR                     | X\$18=           | OFFIL                           |                        |  |
| INDEPENDENT CLAIMS   |                    |  | minus 3 = *                      |                        |                                 |                                      | Ī          | X42=                                 |                        | OR               | X84=                            | V 1/4 81               |  |
| MU   | LTIPLE DEPEN       | DENT CLAIM P   | RESENT                           |                        |                                 | ľ                                    | +140=      |                                      | OR                     | +280=            |                                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                    |  |                                  |                        |                                 | L                                    | TOTAL      | 1637                                 | OR                     | TOTAL            |                                 |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                    |  |                                  |                        |                                 |                                      | SMALL I    | ENTITY                               | OR                     | OTHER<br>SMALL E |                                 |                        |  |
| AMENDMENT A  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                  | NUN<br>PREV            | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA                     |            | RATE                                 | ADDI-<br>TIONAL<br>FEE |                  | RATE                            | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total              | *  | Minus                            | **                     |                                 | =                                    |            | X\$ 9=                               |                        | OR               | X\$18=                          |                        |  |
| AME  | Independent        | *  | Minus                            | ***                    |                                 | =                                    |            | X42=                                 |                        | OR               | X84=                            |                        |  |
| L  | FIRST PRESE        | NTATION OF M   | ULTIPLE DE                       | PENDEN                 | IT CLAIM                        |                                      | 1          | +140=                                |                        | OR               | +280=                           |                        |  |
|  | ,                  |  |                                  |                        |                                 |                                      | L          | TOTAL<br>ADDIT. FEE                  |                        | OR               | TOTAL<br>ADDIT. FEE             |                        |  |
|  |                    | (Column 1)   |                                  | (Colu                  | ımn 2)                          | (Column 3)                           |            | 10011.1 22                           |                        |                  |                                 |                        |  |
| AMENDMENT B  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                  | NUI<br>PREV            | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA                     |            | RATE                                 | ADDI-<br>TIONAL<br>FEE |                  | RATE                            | ADDI-<br>TIONAL<br>FEE |  |
| MON  | Total              | *  | Minus                            | **                     |                                 | =                                    |            | X\$ 9=                               |                        | OR               | X\$18=                          |                        |  |
| AME  | Independent        | *  | Minus                            | ***                    | IT OL ALLA                      | =                                    |            | X42=                                 |                        | OR               | X84=                            |                        |  |
| L  | FIRST PRESE        | NTATION OF M   | OLTIPLE DE                       | PENDEN                 | II CLAIM                        |                                      | ] [        | +140=                                |                        | OR               | +280=                           |                        |  |
|  |                    |  |                                  |                        |                                 |                                      |            | TOTAL<br>ADDIT. FEE                  |                        | OR               | TOTAL<br>ADDIT. FEE             |                        |  |
|  |                    | (Column 1)   |                                  | (Colu                  | umn 2)                          | (Column 3)                           | 10         |                                      |                        |                  |                                 |                        |  |
| AMENDMENT C  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                  | HIG<br>NUI<br>PREV     | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA                     |            | RATE                                 | ADDI-<br>TIONAL<br>FEE |                  | RATE                            | ADDI-<br>TIONAL<br>FEE |  |
|  | Total              | *  | Minus                            | **                     |                                 | =                                    |            | X\$ 9=                               |                        | OR               | X\$18=                          |                        |  |
|  | Independent        | *  | Minus                            | ***                    |                                 | =                                    | 11         | X42=                                 |                        | OR               | X84=                            |                        |  |
| L  | FIRST PRESE        | NTATION OF M   | IULTIPLE D                       | EPENDEN                | NT CLAIM                        | <u> </u>                             | <b>┧</b> ┟ |                                      |                        | 1                |                                 |                        |  |
|  |                    |  | Ma and-:!                        | duma O                 | isa "O" in a                    | olumo 3                              | L          | +140=                                |                        | OR               | +280=                           | <u> </u>               |  |
| **   | If the "Highest Nu | mn 1 is less than<br>mber Previously f<br>Imber Previously I<br>nber Previously Pi | Paid For" IN T<br>Paid For" IN T | HIS SPACE<br>HIS SPACE | E is less tha<br>E is less th   | an 20, enter "20<br>an 3, enter "3." |            | TOTAL<br>ADDIT, FEE<br>and in the ap | propriate bo           | OR               | TOTAL<br>ADDIT. FEE<br>olumn 1. |                        |  |